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Pain Management of Medical-Surgical Patients at Homestead Hospital: The Role of Nurse-Patient Communication

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Pain Management of Medical-Surgical Patients at Homestead Hospital:

The Role of Nurse-Patient Communication

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Introduction /Background

- Pain management is essential component of patient care within medical-surgical floors.
- Pain during hospitalizations has been associated with increased anxiety, depressed moods, and sleeplessness and therefore has serious implications for recovery (Bernhofer, 2011).
- Pain management during hospitalization is a complex process because patients with different diagnosis, backgrounds and cultures may perceive pain in various ways.
- During Unit Practice Council (UPC) meetings for MS4, members reviewed Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) pain control scores and found them to be suboptimal.

Project Goal

To create a UPC performance improvement project that would increase scores for MS4 on the HCAHPS “Pain well controlled” question.



The Plan Do Check Act (PDCA) model for performance improvement was used to guide the development and implementation of the project.

Plan

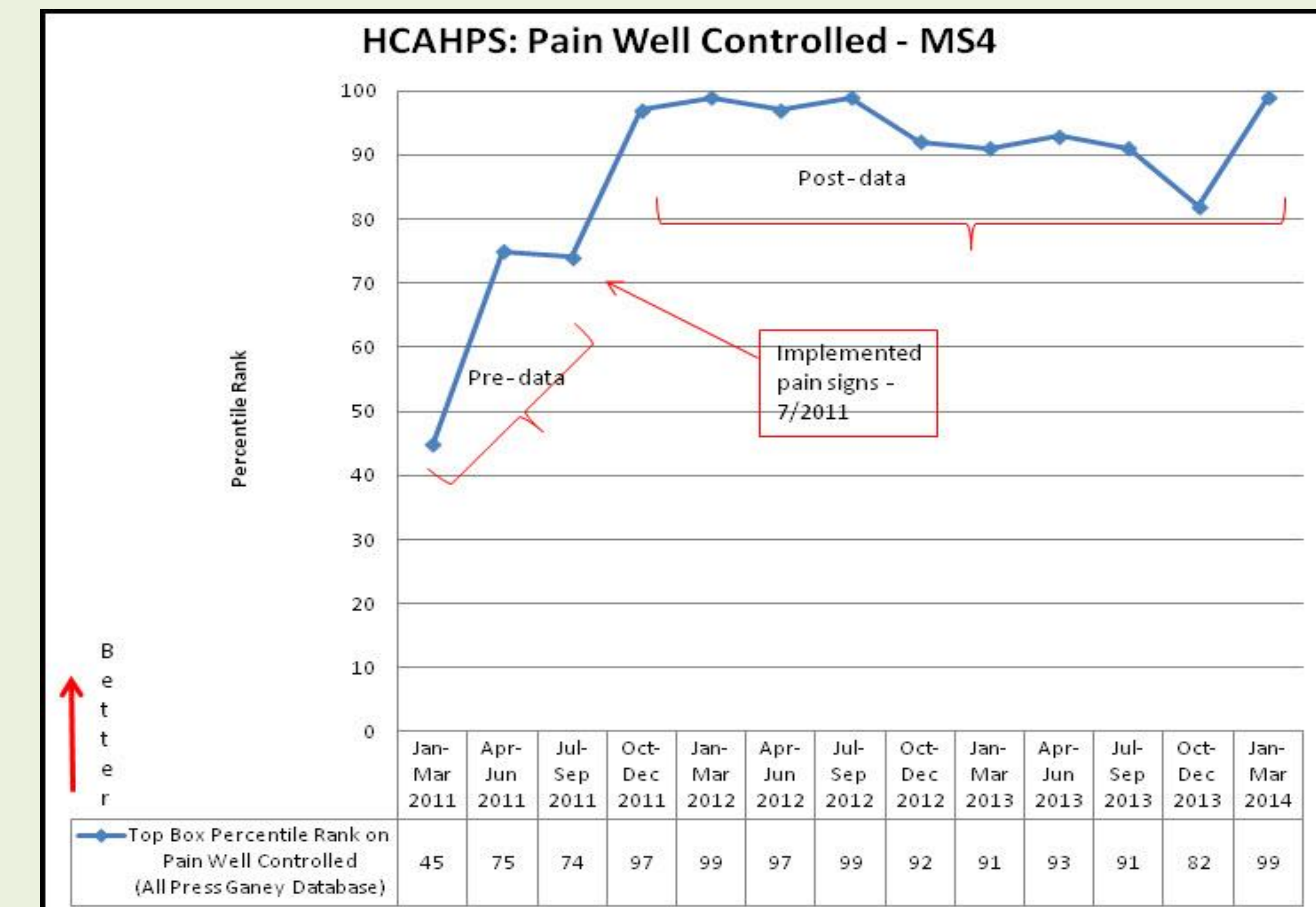
- In March of 2011 MS4 UPC members discussed the HCAHPS data regarding pain control and began to drill-down on the possible root cause(s).
- In June of 2011, the UPC identified that improving nurse-patient communication regarding pain medications might improve performance.
- The UPC determined that the implementation of a pain medication communication sign, as recommended by *the Studer Group*, may be beneficial.
- The UPC members worked together on the design and contents of the sign.

Do

- The pain signs were implemented in July of 2011.
- The signs included: patient’s pain medications, pain goal, last time medicated, and time next dose was due.
- The signs were piloted in English, they were laminated so that they could be wiped clean.
- In December of 2011, basic non-pharmacological pain management nursing interventions were added.
- An educational poster depicting alternative comfort measures for pain management was displayed at the nurses’ station as a reference for staff.

Check

- Prior to the initiation of the pain signs, scores for MS4 on the HCAHPS “Pain well controlled” question averaged at the 60th percentile for the two quarters representing January – June of 2011.
- After the initiation of the pain signs and comfort measures, there have been 9 out of 11 quarters of scores above the 90th percentile with an average score of 92% for the period of July 2011 – March 2014.



Act

- The implementation of the nurse-patient communication intervention using pain signs and comfort measures was an immediate success.
- Gail Gordon, RN, VP and CNO of Homestead Hospital advocated for the endorsement of the pain sign to the Patient Care Leadership (PCLC), which consisted of CNOs across the system.
- The system-wide Signs and Symbols ACT collaborated with PCLC on revising the pain sign to meet all privacy and patient- and family-centered care guidelines.
- In September 2013, the Signs and Symbols ACT approved the pain sign and rolled it out to all the entities with an accompanying What-You-Need-To-Know (WINK) document.

References

•Bernhofer, E. (2011). Ethics: Ethics and pain management in hospitalized patients. *Online Journal of Issues in Nursing*. Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Columns/Ethics/Ethics-and-Pain-Management-.html>

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